

Cunningham Chiropractic PC  
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ACKNOWLEDGEMENT OF RECEIPT  
Notice of Privacy Practices

Your name and signature on this form indicates that you have received a copy of Cunningham Chiropractic's Notice of Privacy Practices on the date and time indicated below.

If you have any questions regarding the information contained in Cunningham Chiropractic's Notice of Privacy Practices, please contact Cunningham Chiropractic's Chief Compliance Officer at (315) 445-9941.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Date Received: \_\_\_\_\_

FOR FACILITY USE ONLY

We attempted to obtain written acknowledgement of patient's receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained from the patient for the following reason:

Individual Refused to Sign

Emergency Situation Prevented Signature

Patient Requested Above Individual Sign on His / Her Behalf

Other (please specify) \_\_\_\_\_

Registration Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_